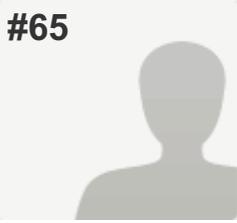


# Ending the Epidemic Task Force Recommendation Form

#65



**COMPLETE**

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PAGE 1

**Q2: Title of your recommendation**

Implement Pay-for-performance Health Homes to Improve Retention, Care, and Viral Suppression For People Living With HIV

**Q3: Please provide a description of your proposed recommendation**

Accelerate planned pay-for-performance in Medicaid Health Homes for people with HIV, which would include a simple pay-for-performance program for care coordination only, or a consolidated pay per performance methodology, both for care coordination and clinical care. Performance measures should include viral suppression, housing stability and vocational opportunity, among others.

Health Home is a care management service model created to optimize care coordination and was established to evolve into a pay-per-performance system that incentivizes achieving optimal outcomes for enrolled patients. Individuals covered by Medicaid with two chronic conditions or one single qualifying condition: HIV/AIDS or serious mental illness (SMI). The Centers for Medicare and Medicaid Services (CMS) recently approved the use of Medicaid savings to expand the New York State (NYS) Health Home services, including the implementation of a pay-for-performance system.

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

Change to existing program

## Ending the Epidemic Task Force Recommendation Form

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Permitted under current law

**Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

This recommendation would incentivize Health Home providers and possibly clinical care providers to achieve viral suppression and other favorable clinical and psychosocial outcomes for consumers. [See supportive note on pay-per-performance systems.]

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Health Home providers and community-based clinical providers may not be not accustomed to pay-for-performance models and currently neither Health Home networks nor downstate providers have established risk tools. These concerns could be addressed through a simplified pay-for-performance system through care coordination only that evolves into a more complex risk bearing model over time, or through the use of Delivery System Reform Incentive Payment (DSRIP) Program networks that have capacity to share and appropriately distribute risk.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Cost paid for Health Home dollars provided through Center for Medicare and Medicaid Services (CMS) approved NYS waiver.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

*Respondent skipped this question*

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

NYS Office of Health Insurance Programs (OHIP), Health Home providers, potentially DISRIP Performer Provider Systems (PPSs), and consumers.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Create a measure that includes viral suppression housing stability and vocational opportunity for persons enrolled in health homes systems.

Ending the Epidemic Task Force Recommendation Form

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York